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WESTMORLAND COUNTY COUNCIL



ANNUAL REPORT

OF THE

**County Medical
Officer of Health**

THE YEAR 1951

TITUS WILSON, KENDAL.

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COUNTY OF WESTMORLAND

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL, KENDAL.

September, 1952.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1951.

The vital statistics for 1951 have shown no marked variation from the previous year. There have been 32 infantile deaths, giving a death rate of 35.6 for the County as compared with 29.6 for England and Wales. This relatively high death rate is unsatisfactory but the relative smallness of the figures tends, by exaggeration, to falsify the case. On examining the statistics more closely, it is evident that of the 32 infantile deaths, 27 occurred during the first month of life from causes which are difficult to prevent by any known means and that improvement must await further development of medical knowledge.

The most interesting innovation during the year was the visit to the south of the County of the Manchester Regional Hospital Board's Mass Miniature Radiography Unit. The visit lasted approximately six weeks during which some 7,601 persons were x-rayed. Some 16 persons with active respiratory tuberculosis were discovered in addition to a number of interesting thoracic and cardiovascular conditions. A more detailed account of the Unit's visit is given later in the report.

The incidence of the commoner Infectious Diseases has not shown any marked variation from 1950. Thanks to the practice of immunisation there were no cases of diphtheria. During recent years the virulence of scarlet fever has become so reduced that cases tend to be nursed at home. The mortality from the disease is at present negligible within Westmorland.

The Ambulance and Hospital Car Services have been fully utilised during the past year and the arrangements made have been proved adequate to the task. As in previous years, the bulk of the work has undoubtedly fallen on the Kendal Station but good use has been made of the other ambulance stations in the more remote parts of the County. There is still a considerable amount of congestion of

the housing of vehicles in Kendal but when building materials are more plentiful some thought should be given to the building of more suitable premises. The Hospital Car Service has been very busy during the past year, and I think it can be said that we have now reached a steady level of use. The Council has made no change in the Service during the past year and so relies entirely on the service of voluntary car drivers and taxis. As in the previous year there is a tendency for the use of taxis to increase, particularly in the north of the County.

The Nursing Service has continued to function satisfactorily during the year. Resignations from the nursing staff have made it possible for the districts of Orton and Tebay, Crosby Ravensworth and Ravenstonedale to be put in two districts in place of three. In Kendal, the resignation of the full-time school nurse has made it possible to divide Kendal into separate districts, wherein each district the nurse is responsible for all the services.

No nurses' houses were completed during the past year.

There has been a small but increasing demand for convalescence. So far there has been no difficulty in accommodating the cases in suitable convalescent homes.

The receipt of Ministry of Health Circular 27/51 seemed to offer the hope of providing a link between the two Public Health Services, which exist independently in Westmorland, together, and although no positive action has hitherto been taken, it is to be hoped, in view of the urgent necessity for economy, that the Combined Districts may be persuaded to modify their present attitude of resistance to any change.

This year an interesting report on Tuberculosis in North Westmorland by Dr. W. Hugh Morton, the Consultant Chest Physician to the Newcastle-upon-Tyne Special Area of Cumberland and Westmorland, is included for the first time. In this report mention is made of Ormside Hospital which has been converted into a small sanatorium for cases of tuberculosis. The Special Area Committee is to be congratulated on the excellent way in which it has adapted and improved this building so that it will now prove a valuable asset to the community.

I have the honour to be,

Your obedient Servant,

JOHN A. GUY,

County Medical Officer of Health.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1951

NAME.	QUALIFICATIONS.	OFFICE.	WHOLE OR PART TIME.	OTHER OFFICES.
John A. Guy	M.D., D.P.H.	County Medical Officer	Whole	School Medical Officer.
F. M. Taylor	M.R.C.S., L.R.C.P., (Lond.)	Asst. County Medical Officer	Whole	Asst. School Medical Officer
J. Munro Campbell	M.B., Ch.B., D.P.H.	Tuberculosis Officer	Part	Physician Superintendent, Meathop Sanatorium
W. Hugh Morton,	M.B., Ch.B., M.R.C.P., D.P.H.	Tuberculosis Officer	Part	Consultant Chest Physician
John Irvine	L.D.S.	Senior Dental Officer	Whole	Senior School Dental Officer
A. S. Carter	M.R.C.S., L.R.C.P., L.D.S.	Assist. Dental Officer	Whole	Assist. School Dental Officer
A. Skinner		Mental Health Worker	Whole	
E. M. Thomas	S.R.N., S.C.M.	Superintendent Nursing Officer	Whole	

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres, land and inland water)	...	...	...	504,917
Population (Registrar-General's estimate of resident population, mid-1951)	...	...	...	66,800
Total Rateable Value as on 1st April, 1951	...	...	...	£461,219
Estimated product of a Penny Rate (General County) for the financial year 1951-52	...	...	...	£1,847

EXTRACTS FROM VITAL STATISTICS IN THE YEAR 1951

			Total.	Males.	Females.
Live Births—Legitimate	...	...	859	449	410
Illegitimate	...	...	39	23	16
			—	—	—
Total births	...	...	898	472	426
			—	—	—

Birth Rate per 1,000 of the estimated resident population ... 14.3
 Birth Rate, England and Wales, 15.5.

			Total.	Males.	Females.
Stillbirths	...	...	20	12	8
Rate per 1,000 total live and stillbirths,	...	...	21.79.		

			Total.	Males.	Females.
Deaths	...	...	920	465	455
Death Rate per 1,000 of the estimated resident population,	...	...	12.3.		
Death Rate, England and Wales,	...	...	12.5.		

Deaths from Pregnancy, Childbirth or Abortions ... 1
 Rate per 1,000 total (live and still) births, for the purpose of calculating Maternal Mortality, 1.09.
 Maternal Mortality Rate, England and Wales, per 1,000 total (live and still) births, 0.79.

Death Rate of Infants under one year of age:—
 All infants per 1,000 total live births ... 35.63
 Legitimate infants per 1,000 legitimate live births ... 35.63
 Illegitimate infants per 1,000 illegitimate live births ... Nil
 Infant Death Rate, England and Wales, 29.6.

Deaths from:—					1950.	1951.
Cancer (all ages)	...	...	...	...	155	132
Measles (all ages)	...	...	...	...	—	—
Whooping Cough (all ages)	...	...	...	...	—	—

POPULATION

DISTRICT	Area in acres (Land and Inland Water)	POPULATION
		Registrar General's estimate Mid.-1951
URBAN		
Appleby	1,877	1,739
Lakes	49,917	5,529
Kendal	3,705	18,380
Windermere	9,723	6,622
RURAL		
North Westmorland ..	288,688	16,620
South Westmorland ..	151,007	17,910
Westmorland ..	504,917	66,800

BIRTH RATE, 1950 and 1951

Birth Rate per 1,000 estimated resident population.

District					Birth Rate 1950	Birth Rate 1951
URBAN						
Appleby	..	..	..	..	16.1	18.5
Kendal	..	..	..	..	15.5	12.9
Lakes	..	..	..	..	8.9	9.8
Windermere	..	..	..	..	12.9	10.7
RURAL						
North Westmorland	..	..	..	..	17.4	16.2
South Westmorland	..	..	..	..	16.6	16.5
WESTMORLAND					14.6	14.3
England and Wales	..	..	..	..	15.8	15.5

The Birth Rates in the table above, except that for Westmorland in 1950, are calculated using the comparability factor supplied for the purpose by the Registrar-General. The comparability factor for the whole County for 1950 is not, however, available.

Live Births registered in the last five years were as follows:—

Year	...	...	...	1947.	1948.	1949.	1950.	1951.
Number of births	...	...	...	1,222	1,039	1,053	969	898

DEATH RATE, 1949, 1950 and 1951

Death Rate per 1,000 estimated population.

District.	1949.	1950.	1951.
URBAN.			
Appleby	12.7	14.7	9.8
Kendal	13.3	13.7	12.6
Lakes	13.0	13.9	12.7
Windermere	12.9	11.0	11.7
RURAL.			
North Westmorland ...	13.1	11.4	13.0
South Westmorland ...	11.4	11.4	11.3
WESTMORLAND	12.7	13.9	12.3
ENGLAND and WALES ...	11.7	11.6	12.5

The Death Rates in this table are calculated using the Comparability Factor provided for the purpose by the Registrar-General. The Death Rates for the County as a whole for 1949 and 1950 are given as crude figures as no comparability factor is available for these years.

The chief causes of death in Westmorland in 1949, 1950 and 1951, in order of maximum fatality in 1951, were as follows:—

	No. of deaths 1949.	No. of deaths 1950.	No. of deaths 1951.
Heart Disease	341	329	298
Cerebral Hæmorrhage	120	124	136
Cancer	121	155	132
Bronchitis	33	23	51
Influenza	3	8	38
Violence	41	29	36
Other Circulatory Diseases	35	42	32
Pneumonia	17	23	18
Nephritis	24	16	14
Digestive Diseases	40	16	12
Other Respiratory Diseases	14	9	11
Tuberculosis of the Respiratory System	20	20	8

MATERNITY AND CHILD WELFARE

INFANTILE MORTALITY. (Under 1 year)

Rate per 1,000 Live Births.

District.	1949.	1950.	1951.
URBAN.			
Appleby	Nil	Nil	34.5
Kendal	50.4	52.5	46.4
Lakes	Nil	65.2	Nil
Windermere	20.4	35.3	13.9
RURAL.			
North Westmorland ...	23.0	33.7	28.8
South Westmorland ...	41.5	46.2	45.5
WESTMORLAND	33.2	43.3	35.6
ENGLAND and WALES ...	32.0	29.8	29.6

ILLEGITIMATE INFANT DEATH RATE

Rate per 1,000 illegitimate Live Births.

	1949.	1950.	1951.
WESTMORLAND ...	52.63	62.5	Nil
ENGLAND and WALES ...	46.0	40.3	Not available

Causes of Death in Infants under 1 year in 1951:—

Prematurity	12
Hæmorrhage	5
Atelectasis	5
Other lung conditions ...	3
Spina bifida	3
Congenital heart disease ...	2
Defect of palate	1
Enteritis	1

DISTRICT MIDWIFERY, HEALTH VISITING AND HOME NURSING

The Combined Nursing Service, responsible for Domiciliary Midwifery, Home Nursing, Health Visiting (and also School Nursing under the purview of the Education Committee), set up on the coming into operation of the National Health Service Act on 5th July, 1948, continues to function smoothly. Resignations from the staff have enabled the combination of the former three districts of Orton and Tebay, Crosby Ravensworth, and Ravenstonedale, into two districts, with consequent economy equivalent to the salary, travelling expenses, etc., of one nurse; this new arrangement is in operation for a trial period of one year in the first instance, and is so far working satisfactorily.

Greater flexibility in the Kendal arrangements has been secured by the replacement of a full-time midwife and full-time School Nurse who resigned, by two District-Nurse Midwives who also undertake Health Visiting and School Nursing duties.

The Statistical Tables at the end of this Report are a simplified version of the Annual Return to the Ministry.

Domiciliary Maternity Nursing

		1949.	1950.	1951.
Number of Midwifery cases	...	104	109	111
„ Maternity cases	...	228	203	138
		<hr/>	<hr/>	<hr/>
		332	312	249
		<hr/>	<hr/>	<hr/>

Infant Welfare

		1949.	1950.	1951.
Total Health Visits to Infants				
under 1 year	... ..	7,626	10,103	9,791
Total Health Visits to Children 1-5				
years	... ..	9,530	12,674	12,347

DIPHTHERIA IMMUNISATION

Immunisation against diphtheria, previously the responsibility of the County Council and District Councils concurrently, is now the responsibility of the County Council alone. The treatment is given, either by the County Council medical staff or the general practitioners according as the parents choose, at or before the first birthday, whilst all parents are urged to consent to their children receiving a reinforcing dose on attaining the age of 5 years.

The success of this scheme may be judged from the fact that for the fourth consecutive year there were no cases of diphtheria notified amongst residents of the County, compared with, for example, 21 notifications and 2 deaths in 1937. Details of children immunised during the year, including those receiving reinforcing doses, are given below:—

Number of children immunised during the year 1951	...	977
Of these, 658 were under 5 years of age;		
55 were between 5-14 years of age; and		
264 received re-immunisation or "booster" doses.		

VACCINATION AGAINST SMALLPOX

With the coming into effect of the National Health Service Act, the Vaccination Acts, 1871-1907, were repealed, the offices of Vaccination Officer and Public Vaccinator were abolished, and it became the duty of the Local Health Authority to make arrangements for the vaccination against smallpox of all persons who need or desire this treatment.

It is the duty of the Health Visitors to urge all parents to have their children vaccinated as soon as practicable after birth, and all medical practitioners in the County were given an opportunity of carrying out this treatment under the County Council's arrangements. A record of the treatment is sent to the County Medical Officer, and fees are payable in respect of each report received.

Lymph is supplied free through the Public Health Laboratory Service, and the Council has also taken power, in its proposals, to make such special arrangements as may be necessary in the event of a threatened epidemic of smallpox.

Details of vaccinations carried out during 1951 are:—

		Under	1-4	5-14	15 years	
Age at date of vaccination:	1 year.	years.	years.	years.	and over.	Total.
Number vaccinated	...	280	151	14	178	623
„ re-vaccinated	...	—	9	13	161	183

The fact that, of 898 children born in the County during the year, only 280 had been vaccinated cannot be viewed with equanimity in view of the increased risk of the introduction of smallpox infection, by reason of the increased speed and range of foreign travel.

INFANT WELFARE CENTRES

Details of Infant Welfare Centres in operation at the end of the year are given below, the Centre at Orton having been closed during the year:—

<i>Area.</i>	<i>Centre held at :</i>	<i>Frequency of Sessions.</i>
Ambleside ..	Y.M.C.A.	.. Monthly
Appleby ..	Old First Aid Post	.. Fortnightly
Bampton ..	Church Hall	.. Monthly
Bowness-on-W'mere ..	Rayrigg Room	.. „
Brough ..	Oddfellows Hall	.. „
Burneside ..	Bryce Institute	.. „
Calgarth ..	Social Centre	.. „
Kendal ..	School Clinic, Stramongate	.. Weekly
Kirkby Stephen ..	Friends' Meeting House	.. Fortnightly
Milnthorpe ..	Institute Annexe	.. Monthly
Shap ..	Methodist Chapel Hall	.. „
Staveley ..	Working Men's Institute	.. „
Tebay ..	Methodist Chapel Hall	.. „
Temple Sowerby ..	Church Hall	.. „
Windermere ..	Y.M.C.A.	.. „
Wickersgill ..	Social Centre	.. „

Once again thanks are due to the local branches of the British Red Cross Society, the St. John Organisation and all other voluntary workers, for their assistance in the running of the Centres.

Attendances at Centres

		1949.	1950.	1951.
Under 1 year	... ..	2,535	2,270	2,590
Over 1 year	... ..	4,736	2,387	2,638
Average per session	... ..	25.9	23.6	20.3

Unmarried Mothers and their Children

The Superintendent Nursing Officer is now responsible for investigating and advising these cases, but it should be noted that by no means all unmarried expectant mothers come to her notice; some are dealt with entirely by the Diocesan Moral Welfare Workers, whilst in other cases the girl's family are able, and willing, to make all necessary arrangements for the confinement and subsequent care of the baby.

Births of Illegitimate Children notified 29

Confinements in:—

Mother's own home	... ..	11
St. Monica's Maternity Home	... ..	4
Helme Chase Maternity Home	... ..	2
Westmorland County Hospital	... ..	2
Bay View Hospital, Lancaster	... ..	2
Private Nursing Homes	... ..	2
Coledale Hall, Carlisle	... ..	1
Lancaster Royal Infirmary	... ..	2
City Maternity Hospital, Carlisle	... ..	1
Other addresses	... ..	2

Disposal of Infants:—

Mother keeping baby in own home	...	...	...	22
Mother found resident post with baby	...	...	...	3
Adoptions arranged or pending	...	...	...	1
Mother and baby with putative father	...	...	...	1
Mother married father of child	...	...	...	2

Institutional accommodation for these cases is provided under arrangements made with the undermentioned voluntary homes:—

St. Monica's Maternity Home, Kendal

The Home possesses 23 maternity beds, and during the year 53 maternity cases were admitted, seven of whom were domiciled in Westmorland.

Sacred Heart Maternity Home, Brettargh Holt, Kendal

This Home has 40 maternity beds, and during the year 97 maternity cases were admitted, none of whom were domiciled in Westmorland.

In the case of both of the Homes, the apparently low number of admissions relative to the number of beds is largely explained by the fact that patients are admitted at least a month before confinement and retained for at least two months afterwards, so as to afford an opportunity for the making of arrangements for the care of the babies.

Care of Premature Infants

The following table gives details of premature infants born at home and in private nursing homes in the County during 1951:—

Premature births notified	...	...	...	...	19
Number of domiciliary births	...	...	...	...	14
Number who died within 24 hours	...	...	...	...	—
,, who died on 2nd to 7th day	...	...	...	...	1
,, who survived one month	...	...	...	...	11
,, transferred to hospital	...	...	...	...	2
Number of private nursing home births	...	...	...	...	5
Number who died within 24 hours	...	...	...	...	1
,, who survived one month	...	...	...	...	4

Details regarding the progress of babies born prematurely in hospitals are no longer available.

REGISTRATION OF NURSING HOMES

(Sections 187 to 194 of the Public Health Act, 1936)

There were 10 registered homes at the end of the year providing beds for 86 maternity patients and 81 other patients. They have been inspected at regular intervals.

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

As the result of the fact that the County Dental staff consisted only of the Senior Dental Officer and one Assistant, and the inability of the County Council to replace those officers who have resigned in the past four years, it was not possible to do any dental treatment for the priority classes. The remaining members of the staff found all their time much more than fully occupied with school dental treatment. Until such time as the staff can be increased, treatment cannot be undertaken for expectant and nursing mothers and pre-school children.

THE PUERPERAL PYREXIA REGULATIONS

During 1951, 4 cases of Puerperal Pyrexia were notified, all of which occurred in institutions; all recovered.

DOMESTIC HELP SERVICE

When preparing their proposals under the National Health Service Act, the Council, on the advice of the Minister, took advantage of their power under Section 29 of the Act, to provide a Domestic Help Service, available as far as workers can be obtained to the categories of household specified in the Act. The service is now the responsibility of the Superintendent Nursing Officer, and its steady expansion of itself testifies to the previously unsatisfied need in this direction. Statistical details are shown in Table II on page 52.

MIDWIVES' ACTS

Total number of Midwives practising at the end of the year	61
District Nurse Midwives	39
Midwives in Institutions and in Private Practice, 22, viz.:—	
(a) Westmorland County Hospital	7
(b) Helme Chase Maternity Home	3
(c) St. Monica's Maternity Home, Kendal	3
(d) Brettargh Holt	3
(e) Private Practice:—	
Nursing Homes	6
Midwives' Notification Forms received during 1951 were as follows:—	
Notification of sending for Medical Aid	44
,, Artificial Feeding	36
,, Stillbirth	6
,, Death	—
,, having laid out a dead body	8
,, liability to be a source of infection	10

Gas Air Analgesia

The policy of the County Nursing Association was to train as many midwives as possible to administer gas and air, those nurses who had the largest number of cases and were anxious to qualify being selected first for the training courses.

The Council's proposals for the provision of a midwifery service, approved by the Minister, require that all midwives shall be trained and equipped for the induction of analgesia, and the stage has now been reached where all midwives, with the exception of a few of the older ones, are now trained. Should any newly appointed midwife be untrained in analgesia, steps are taken to provide a training course on the earliest possible opportunity.

During the year midwives have induced Analgesia in 170 domiciliary cases, and at the end of the year 34 District Nurse Midwives were qualified for the induction of Gas-Air Analgesia.

AMBULANCE SERVICES

Before 5th July, 1948, ambulance services were operated by various authorities in the County as follows:—

Kendal	...	...	...	2	ambulances
Ambleside	...	...	...	1	ambulance
Kirkby Stephen	...	...	...	1	„
Appleby	...	...	...	1	„
Windermere	...	...	...	1	„
Arnside	...	...	...	1	„
Penrith	...	...	...	1	„

In planning their service to operate from the appointed day, the County Council decided to operate the necessary ambulance directly, except that a part of the north of the County (detailed in the table below) is covered by the Penrith Ambulance Station of the Cumberland County Council. In an effort to promote efficiency and economy the Chief Fire Officer has also been appointed County Ambulance Officer and is responsible for the servicing, maintenance, communications and staffing of the Ambulance Service, though a proposal that ambulance drivers and attendants should be engaged also as members of the Fire Brigade has, after consultation with the Ministry of Health and the Home Office, now been rescinded.

Ambulances are now stationed as below:—

<i>Ambulance Station No.</i>	<i>Location of station.</i>	<i>No. of Ambulances.</i>	<i>Staff.</i>	<i>Area Served.</i>	<i>Pop. 1931</i>
1.	KENDAL Fire Station	3	4 whole- time and retained	Kendal Borough Windermere U.D. South West'd R.D. North West'd R.D.: Parishes of Orton Tebay	16316 6083 17548 795 977 <hr/> 41719
2.	AMBLESIDE Commercial Garage	1	Retained	Lakes U.D. (except Patterdale Ward Lancashire (part) Ulverston R.D.: Parishes of— Claife Hawkshead Skelwith	5004 265 614 490 <hr/> 6373
3.	APPLEBY Commercial Garage	1	Retained	Appleby Borough North West'd R.D. All parishes except those served by Stations 1, 4 and 5	1618 5177 <hr/> 6795
4.	PENRITH (Service to be provided by Cumber- land County Council)	1	Retained	North West'd R.D.: Parishes of Mar- tindale Bamp- ton, Shap, Shap Rural, Thrimby, Lit. Strickland, Gt. Strickland, Lowther, Ask- ham, Barton, S o c k b r i d g e , Yanwath, Clif- ton, Brougham Lakes U.D.: Patterdale Ward	5340 817 <hr/> 6157

5.	K. STEPHEN Commercial Garage	I	Retained	North West'd R.D.: Parishes of Brough, Brough Sowerby, Crosby Garrett, Hartley, Hillbeck, Kaber, Kirkby Stephen, Mallerstang, Musgrave, Nate- by, Ravenstone- dale, Soulby, Stainmore, Waitby, Whar- ton, Winton	5129
					<hr/> 5129 <hr/>

The Council decided further that their sitting-case car scheme should be based on the Voluntary Hospital Car Service, and operated under the aegis of the British Red Cross Society, but even after the very considerable increase in the number of enrolled volunteers which has been secured it is now quite impossible for this voluntary service to meet the demands placed upon it, and recourse has had to be made to the services of commercial car-hire firms and taxi proprietors.

Details of the work by the ambulances and sitting-case cars are given in Table VII on page 55.

ANNUAL REPORT OF THE COUNTY AMBULANCE OFFICER

In presenting this Annual Report, which covers the period 1st January to 31st December, 1951, I beg to submit that it does appear that the demand for the Service has reached its peak.

Although it appears that the number of patients carried has increased, this is due to the altered Ministry of Health record statistics. The number of miles run has decreased.

Previously, when a patient has been taken to hospital and returned home after treatment, this was counted as one patient and one journey. This is now counted as two patients but one journey. Consequently the number of patients carried will have increased but the mileage will not show a proportionate rise.

“Patient” means one patient carried once in one direction.

“Journey” means a vehicle’s round trip from the place where it normally waits orders back to that place.

It is often the case that up to six patients have been carried at one time in an ambulance when those patients are travelling for clinical treatment, particularly to Penrith and Carlisle.

The four stations, i.e. Kendal, Ambleside, Appleby and Kirkby Stephen, continue to function well, and although at times the Service has been stretched to its limits, it has at all times coped with all demands made.

AMBULANCE CALLS

STATION	No. of Vehicles	PATIENTS CARRIED				Patient Carrying Journeys	Abortive and Service Journeys	Total Journeys	Mileage
		Infectious	Accidents	Maternity	Others				
KENDAL ..	4	48	150	87	1,891	1,613	12	1,625	47,260
AMBLESIDE ..	1	—	38	1	123	131	1	132	4,826
APPLEBY ..	1	2	18	35	274	170	2	172	11,340
KIRKBY STEPHEN	1	—	18	34	208	171	1	172	13,805
	7	50	224	157	2,496	2,085	16	2,101	77,231

Note—1949 ... Total journeys, 1,641. Mileage, 68,921.
1950 ... Total journeys, 2,119. Mileage, 82,351

The Kendal Station, by virtue of it being staffed with whole-time personnel, has again borne the bulk of the work. Whenever possible long distance journeys that are booked at outside stations are carried out from Kendal, thus as far as possible obviating the need for the voluntary staff at outside stations being away from their normal employment longer than is necessary.

Liaison at Hospitals continues to be good. The number of patients picked up at Hospitals by ambulances that would otherwise have returned empty was 93.

The Cumberland County Council continues to provide the service for those parishes in the North Westmorland area which it is more convenient and economical for the ambulance stationed at Penrith to undertake.

Included in the above figures for 1951 are 30 removals (2,020 miles) which were undertaken for the Lancashire County Council.

It will be noticed that the total mileage for 1951 is 5,120 miles fewer than in the preceding year. This is almost entirely due to the decrease at Kirkby Stephen; viz.: 1950, 19,070 miles; 1951, 13,805 miles. There are two reasons for this variation:—

(a) For a period in 1950 the Appleby ambulance was off the run and, consequently, during that period all the calls in the Appleby area were undertaken from Kirkby Stephen. This also to some extent explains the increase in mileage at Appleby in 1951 compared with 1950; and

(b) quite a considerable number more sitting-car case removals were undertaken by Kirkby Stephen in 1950 than in 1951.

Ambulances

Good progress has been made during the year under review in the replacement of old and obsolete ambulances. Two new Bedford/Lomas vehicles have been placed in commission — one replacing the 1936 Austin at Appleby, and the other replacing a 1939 Ford at Kendal.

This leaves two further replacements required to complete our renewal programme.

The two remaining ambulances are the 1935 Austin, now used for the removal of infectious cases, and another 1939 Ford.

Whilst appreciating the difficult financial times through which we are passing, it is hoped that the replacement of these vehicles will not be retarded, as the Ford has reached the stage of unreliability, and the Austin by virtue of its age and design is obsolete.

Your fleet of ambulances comprises seven vehicles, five of which are of modern design and construction. This number is the minimum that is required to give the service which it is our duty to provide. It is essential, therefore, that all vehicles should be mechanically sound and in serviceable and roadworthy condition.

Ambulances now in Commission

Station.	Make.	Year.	Mileage.	Condition.
1. Kendal	Bedford (AEC905)	1951	4,282	Good
2. Appleby	Bedford (AEC539)	1951	8,960	Good
3. Kendal	Bedford (JM9344)	1950	52,604	Good
4. Kirkby Stephen	Bedford (JM8868)	1949	38,336	Good
5. Ambleside	Morris (JM7667)	1948	20,100	Good
6. Kendal	Ford (JM4803)	1939	87,079	Poor
7. Kendal	*Austin (JM1979)	1935	28,113	Fair

(*Used for infectious cases only).

All infectious cases are dealt with by the whole-time personnel at Kendal, owing to the request made by the voluntary members of the staff that they are not called upon for that type of removal. (The 2 removals shown against Appleby are exceptional cases).

The general maintenance of the vehicles has been very satisfactorily carried out by the Service garages where the out-posted ambulances are housed, and those at Kendal by the Fire Brigade mechanic — no work being put out that can conveniently be carried out with the very limited workshop facilities that are now available to us.

Personnel

The ambulances at Ambleside, Appleby and Kirkby Stephen, which are garaged and serviced at Service garages and manned by voluntary crews, continue to function efficiently.

The whole-time members at Kendal continue to show enthusiasm in their work. All have qualified in the examination for First-Aid to the Injured.

I would again refer to the excellent work carried out by the Kendal Division of the St. John Ambulance Brigade, members of which are always ready and available, on rota, throughout the night-time to act as bearers. This work is carried out entirely on a voluntary basis.

Accommodation

My previous reports have drawn attention to the lack of garage space at Kendal, and I regret to state that the position has not improved.

When the financial position improves to such an extent to allow the building of suitable ambulance stations, the accommodation now used at Kendal could, with advantage, be used for Fire Brigade purposes.

Conclusion

In conclusion, I would respectfully like to thank the Chairmen and Members of the various Committees for their help, and for the provision of new ambulances and equipment, without which the Service

could not have so successfully functioned. I also request them to accede to my recommendations for the further two ambulances — one in the financial year 1952-53 and the other in 1953-54.

To all who have given me help and offered advice I say “Thank you”, and to the staff, both whole-time and volunteer, without whose loyalty and co-operation the Service would not function, not forgetting my hard-pressed administrative staff, I offer my appreciation.

T. HASEMAN,

Ambulance Officer.

CARE OF BLIND PERSONS

Under the National Assistance Act, 1948, the County Council no longer has the power to give financial assistance to blind persons, but it is required to “make arrangements for promoting the welfare” not only of blind persons, but also of the partially sighted. Administrative responsibility for this work devolves upon the Council’s Social Welfare Department, but the County Medical Officer is responsible for advising the Committee on “all matters relating to health or medical services arising in connection with the Council’s functions under the Act . . . including, in particular, arrangements for the medical examination of applicants for registration as blind persons.”

All such applicants are referred for examination to one of the specialist ophthalmologists with whom the Council has entered into arrangements for this work, and during 1951 22 such cases were referred, of whom 18 were certified as blind, and one as partially sighted.

The total number of blind persons on the Council’s register on 31st December, 1951, was 105.

MENTAL HEALTH

As advised in Ministry of Health Circular 100/47, the Health Committee has appointed a Mental Health Sub-Committee to deal with its functions under Section 57 of the National Health Service Act, and, so far as they relate to Mental Defectives and Persons of Unsound Mind, under Section 28 of that Act. The Sub-Committee is constituted as follows:—

Chairman and Vice-Chairman of the Health Committee ...	2
Members of the Health Committee (being members of the County Council)	10
Members of the Management Committees of Mental Hospitals and Mental Deficiency Institutions	4
Others (whether members of the Health Committee, or the County Council, or neither)	3

Duties Under the Mental Deficiency Acts

On the 5th July, 1948, this Authority took over from the Cumberland, Westmorland and Carlisle Joint Committee for the Care of the Mentally Defective the duty of ascertaining what defectives in the area were subject to be dealt with under the Acts, and the duty of providing supervision, care, training and occupation for defectives living in the community. Four officers have been authorised to place persons in a place of safety, under Section 15 of the Mental Deficiency Act, 1913, of whom two have also been authorised to present petitions under that Act.

The County Medical Officer and the Assistant County Medical Officer have each been approved by the Local Health Authority under Section 3 of the Mental Deficiency Act, 1913, for the purposes of giving certificates relating to Mental Defectives. The Authority also employ a Mental Health Worker.

The Authority has undertaken, on behalf of the Regional Hospital Board, the supervision of cases on licence from Institutions who are resident within the area, and also the domiciliary visiting, as and when required, for patients in Institutions and Homes whose parents and friends are resident in Westmorland.

Mental Illness

The Psychiatric Clinic opened by Dr. Braithwaite in Kendal one day fortnightly was moved to alternative premises under the control of the Lancaster and Kendal Hospital Management Committee, and early in 1950 the Hospital Management Committee arranged for this clinic to open for weekly sessions, for it to operate in conjunction with Lancaster Moor Mental Hospital, and to come under the care of the medical staff of that hospital. One outstanding advantage afforded by the clinic is that patients are brought under specialist supervision at an early stage in their mental illness, and many are found willing to enter hospital as voluntary patients.

The Mental Health Worker attends these sessions and does any visiting which may be required on behalf of patients in or discharged from the various Mental Hospitals.

She has also, from time to time, been asked by other Social Agencies and others to visit and advise in cases where the problem is thought to be of a psychiatric nature.

Occupation Centre

An Occupation Centre was opened in Kendal early in 1949 for one session each week for male and female patients. The numbers attending were, as expected in such a sparsely populated area, small — 4 males and 7 females — but progress was made in the teaching of rugmaking, embroidery, reading, writing, etc.

Both patients and their relatives are very enthusiastic regarding the progress made, and the latter appreciate being relieved of the

responsibility for looking after the patients for a few hours each week. The standard of work in some cases was much higher than had been expected, whilst one of the male patients learned to make simple articles sufficiently well to continue with the work at home and to sell them at a profit.

Transport of Patients

In the case of patients who are acting, or who appear likely to act, violently, the Council's Ambulance Service is used for their removal to Hospital, but docile cases are taken by taxi under arrangements made with a car hire firm in Kendal.

A simplified version of the Annual Return to the Ministry, given on pages 50-51 of this Report, shows the number of cases for which the Council was responsible at the end of the year.

ANNUAL REPORT OF THE COUNTY ANALYST

1. During the year ended the 31st December, 1951, I have analysed 270 samples of Food and Drugs, submitted by the Sampling Officers appointed for the County of Westmorland under the Food and Drugs Acts, 1938 to 1950.

2. Samples of genuine quality to the number of 234 have been certified in this respect, 13 samples were reported as being of genuine quality but below standard, 15 samples were reported as being adulterated or below standard, or disclosing some irregularity, while 8 samples of milk were taken as appeal to cow samples.

3. The outcome of the analysis of all samples submitted during 1951, including those samples which were not found to be of genuine quality, or showing some other irregularity, is shown in the following table:—

Number of milk samples received for analysis	...	...	35
„ other samples received for analysis	...	...	235
			—
			270
			—

This shows that during the year ended the 31st December, 1951, 37 fewer samples were received for analysis than in the year ended the 31st December, 1950, which gave a total of 307 samples.

Number of samples adulterated or below standard or			
showing some irregularity	...	...	14
„ samples of genuine quality, but below standard			13
„ samples of doubtful quality	...	...	1
„ informal samples	...	...	16
„ samples taken as appeal to cow samples	...		8
			—
			52
			—

4. Milk

Altogether 6 samples of milk taken in the ordinary course of inspection were found to fall below standard, and these were as follows:—

- 1 sample was slightly deficient in fat. The name of the supplier was noted for further sampling.
- 1 sample was deficient in fat, the freezing point indicated the possibility of added water.
- 1 sample was deficient in fat. In connection with this 6 appeal samples were received which were all found to be below standard in fat content and no further action was taken.
- 2 samples were deficient in non-fatty solids, the addition of water being confirmed by the freezing point in each case. Two appeal samples received in connection with these samples were found to be of genuine quality.
- 1 sample was deficient in both non-fatty solids and fat. The freezing point, falling within the usual limits for genuine milk, indicated that the deficiencies were caused otherwise than by the addition of water.

In 3 cases cautions were administered and of these the name of one vendor was noted for further sampling.

No action was taken in respect of the other 3 samples.

5. Other Samples

During the 12 months ended the 31st December, 1951, 235 samples of articles of food, or of commodities used in the preparation of food, were received for analysis, an increase of 50 samples compared with the number submitted during 1950.

Of these, only nine samples were the subject of adverse reports and they were as follows:—

- 1 sample of Fish Cakes was deficient in fish content to the extent of 20%. In the proceedings which followed, the vendor was fined £1.
- 1 sample of Ice-cream was deficient in fat 44%, the vendor being convicted and fined £2.
- 1 sample of Plain Cake Flour was infested by mites to such an extent as to render the article unfit for human consumption, consequently the article was withdrawn from sale.
- 2 samples of Pork Sausages were deficient in meat content to the extent of 5% and 3% respectively; the vendors in each case have been noted for further sampling.
- 1 sample of Potted Meat contained 7% of excess water and it was decided that a caution should be administered to the vendor of this commodity.
- 1 sample of Sponge Mixture was found to be infested by mites so as to render it unsuitable for human consumption; the remainder of the stock was withdrawn from sale and the vendor cautioned.

1 sample of Suet Pudding Mixture was also found to be mite infested to such an extent as to render the article unfit for human consumption; the remainder of the stock was withdrawn from sale and the vendor cautioned.

1 sample of Whisky which was found to be below standard, the Proof Spirit content being only 57.2% instead of the minimum amount of 65%. Proceedings are pending at the time of report in this connection.

Apart from the above observations, the work over the past year has been of the usual character and calls for no further comment.

T. J. COHILL,

Deputy County Analyst.

FOOD AND DRUGS ACTS, 1938-1950 **Annual Report of Sampling Officer for the Year, 1951**

This report covers the period 1st January to 31st December, 1951, in relation to the Sampling Provisions of the Food and Drugs Acts and allied duties, in the County of Westmorland.

The sampling officers have carried out preliminary sorting checks on 794 churns of milk in transit and in addition, by means of a rapid commercial method of testing milk, 190 informal tests were made as follows:—

15	on samples from churns of milk in transit.
127	„ purchased from milk roundsmen.
48	„ from milk supplied to schools.

A further 373 samples were obtained but, having regard to the results of the office tests on milk, it was only found necessary to send 272 samples, comprising 35 milk and 237 others for analysis by the Public Analyst.

The particular attention paid to milk sampling needs no further justification than a consideration of the fact that the average quantity of milk received at the three main collecting centres in the County is over 82,000 gallons daily and which for the most part does not include supplies to householders by milk retailers.

Analysed by the Public Analyst

The total number of samples analysed by the Public Analyst was 272 of which 35 or 12.87% were found to indicate some irregularity. If milk samples found to be genuine but below standard might be classified as satisfactory then the figures of 35 and 12.87% would be reduced to 13 and 4.8% respectively .

The report of the Public Analyst indicates the total number of samples analysed to be 270, but this figure does not include two samples analysed in connection with the Food Standards (General Provisions) Order, 1944, made under the Defence (Sale of Food) Regulations,

1943, the general effect of which is that legal standards are prescribed by the Ministry of Food for certain foodstuffs in addition to the provision of the Food and Drugs Acts.

“ Other than Milk ”

The 237 samples other than milk were mainly food stuffs or constituents used in the preparation of food and comprised 221 formal and 16 informal samples from 139 different commodities.

Nine (9) samples were found to be unsatisfactory and warning letters were sent to traders in respect of:—

- Potted Meat containing an excess of water.
- Cake Flour infested by mites.
- Sponge Mixture infested by mites.
- Pudding Mixture infested by mites.

In each case the remaining stocks were voluntarily withdrawn from sale by the traders concerned.

The names of the manufacturers were noted for further sampling in the case of two samples of sausage, deficient in meat content, one of which also contained more than the permitted amount of preservative.

Legal proceedings were instituted in connection with samples of Fish Cakes, Ice-cream and Whisky.

The remainder of the samples other than milk were classified as genuine.

Milk Samples

As a result of information gained on preliminary sorting checks and tests, 35 samples of milk were sent for analysis by the Public Analyst and the results of analysis are set out hereunder in tabular form.

Classification	OBTAINED FROM		Reference or Follow up	Appeal to herd of cows	Total
	Retailer	Wholesaler			
Genuine ..	7	—	—	2	9
Genuine but below standard in non-fatty solids	12	2	—	—	14
Doubtful	1	—	—	—	1
Below standard in Fat	3	—	—	6	9
Containing added water	2	—	—	—	2
	25	2	—	8	35

Warning letters were sent to traders in respect of two samples of milk below standard in fat and one sample containing added water.

The names of the vendors were noted for further sampling in respect of two samples of milk, one being below standard in fat and the other being classified as doubtful.

Legal proceedings in respect of one sample of milk containing 20% added water resulted in a conviction in the Magistrates' Court, but this decision was reversed on appeal by the defendant to Quarter Sessions.

Prosecutions

Persons Charged.		Nature of Offence.	Fine.	Costs.
1		Fish Cakes 20% deficient in Fish ...	£1 0 0	—
1		Ice-cream 44% deficient in Fat ...	£2 0 0	—
1		Milk 20% added water ...	Dismissed	—

Prosecutions pending

1	Whisky 12% added water.
---	-------------------------

Ancilliary Duties

Milk Pasteurising Plants

Milk pasteurising and sterilising establishments are required to obtain annual licences from the Food and Drugs Authority. The licences are issued subject to certain conditions which include methods by which the milk is pasteurised or sterilised and prescribe the tests to be applied to milk.

At the present time there is only one pasteurisers plant operating under licence in Westmorland, and during the period under review 13 samples have been obtained and submitted to the Department of Pathology, Public Health Laboratory Services. All the samples were classified as satisfactory in passing the prescribed tests.

School Milk

Samples of the milk supplied have been taken at 43 schools and submitted for examination by the Department of Pathology, Public Health Laboratory Services.

It has not been found possible to visit each school in the County but the visits have been so arranged that at least one sample has been taken from the milk supplied by all except three of the total number of suppliers of milk to schools in the County.

The results of tests applied are summarised as follows:—

	Samples Taken	TEST APPLIED				
		B. Coli	Methylene Blue	Phosphatase	Cavy Inoculated	Total
Satisfactory	28	29	37	4	41	111
Unsatisfactory	18	17	9	—	—	26
TOTAL	46	46	46	4	41	137

Pharmacy and Poisons Act, 1933

The sellers of poisons listed in Part II of the Poisons List are required to obtain a licence in respect of such poisons and to comply with such provisions of the Act and Poisons Rules, 1949, as relate to Part II poisons.

The total number of premises visited under this heading was 105 and 9 infringements were noted and corrected at the time of visiting.

The total number of listed sellers of Part II poisons at the 31st December, 1951, was 185.

The Food Labelling Order, 1950

This Order includes a provision, subject to certain exceptions, that a statement of ingredients shall be indicated on pre-packed articles of food when sold by retail. In this connection the truth of statements of the constituents of pre-packed foodstuffs, as indicated by their respective labels, has been verified where applicable on all samples submitted to the Public Analyst under the Food and Drugs Act, 1938.

Additional examinations have been made on retail premises to ensure that those articles which require to be labelled are in fact labelled in the prescribed manner (no infringements were observed). Minor infringements have been noted and corrected at the time of visiting retail premises.

A statistical summary of the results of sampling and allied duties over the past three years is appended hereto.

A. BRYANT,

Chief Sampling Officer.

STATISTICAL SUMMARY OF SAMPLING AND ALLIED DUTIES FOR THE YEARS 1951, 1950, 1949.

				1951.			
				Satisfactory	Doubtful	1950.	1949.
*Preliminary sorting checks on milk							
from churns in transit	...	...	780	14	862	—
Office "Gerber" tests on milk from							
churns in transit	...	...	12	3	81	—
Office "Gerber" tests on milk from							
retailers	...	...	98	29	114	—
Office "Gerber" tests on milk							
supplied to schools	...	...	44	4	24	—
			934	50			
Number of examinations of milk by							
Sampling Officers	...	...	984		1,081	—

*Classification of Samples Analysed by Public Analyst:—

Milk:—						1951.	1950.	1949.
Genuine	...	...	...	...	...	7	12	101
Genuine but below standard in								
solids	...	...	...	...	...	14	27	6
Doubtful	...	...	...	...	...	1	5)	
Below standard in fat			...	...	...	3	5)	31
Containing added water			...	...	...	2	26)	
"Appeal to Herd" Satisfactory			...	...		2	5)	
"Appeal to Herd" Genuine but below							)	25
standard	...	...	...	...	...	6	9)	
Total number of milk samples			...	...		35	89	163

Other than Milk:—

Informal Genuine	...	...	...	16	14	8
Informal showing some irregularity	...			—	—	1
Formal Genuine	...	...	...	212	129	76
Formal showing some irregularity	...	...		9	1	3
Total number "other than milk"	...	...		237	144	88

Total:—

Number of samples classified as satisfactory	237	160	216
Number showing some irregularity	35	73	35
Number submitted for analysis	272	233	251

*No. of Persons noted for further sampling ...	4	6	6
,, Warning letters sent to traders ...	7	7	7
,, Prosecutions	3	5	16
,, Prosecutions pending	1	—	—

Milk Pasteurising Establishments:—

Satisfactory samples from	13	17	6
Unsatisfactory samples from	—	1	—
Total samples to Pathological Laboratory...	13	18	6

Milk Supplied to Schools:—

Satisfactory samples from	28	9	—
Unsatisfactory samples from	18	17	—
Total samples to Pathological Laboratory...	46	26	—

Pharmacy and Poisons Act, 1933.

No. of Listed Sellers of Part II Poisons ...	185	188	181
,, visits to premises	105	144	153
,, infringements	9	8	14

* N.B. The figures for 1949 and 1950 do not include samples taken in the Borough of Kendal.

NOTIFIABLE DISEASES

A Table will be found on page 56 detailing the incidence of these diseases in 1951. The Registrar-General has supplied figures as to the incidence per 1,000 of the estimated average population of notification of certain diseases in 1951 in England and Wales. In the following Table the incidence of notification of these diseases per 1,000 of the estimated population of Westmorland is compared with that of England and Wales:—

	Westmorland.		England & Wales.	
	1950.	1951.	1950.	1951.
Typhoid Fever ...	—	—	—	—
Paratyphoid Fever ...	—	0.06	0.01	0.02
Meningococcal Infection ...	0.01	0.01	0.03	0.03
Scarlet Fever ...	0.69	0.89	1.50	1.11

Whooping Cough	...	4.23	4.06	3.60	3.87
Diphtheria	...	—	—	0.02	0.02
Erysipelas	...	0.13	0.06	0.17	0.14
Smallpox	...	—	—	—	—
Measles	...	5.22	21.36	8.39	14.07
Pneumonia	...	0.43	0.37	0.70	0.99
Acute Poliomyelitis					
(including Polioencephalitis)—					
Paralytic	...	0.01	0.10	0.13	0.03
Non-Paralytic	...	0.03	0.03	0.05	0.02
Food Poisoning	...	2.08	0.58	0.17	0.13

CANCER TREATMENT

The following details have been supplied by courtesy of the Lancaster and Kendal Hospital Management Committee:—

Number of Clinics held at Kendal during the year ending

31st December, 1951	...	...	...	...	12
„ new cases seen	...	...	...	...	92
„ follow-up cases seen	...	...	...	...	206

Number of cases admitted to the County Hospital:—

New cases	...	...	...	...	...	31
Follow-up cases	...	...	...	...	...	4

The only duty now remaining to the County Council under the Cancer Act concerns the prohibition of advertisements relating to the treatment of cancer and to the sale of articles for use in the treatment thereof. The actual treatment of this condition now forms part of the general hospital and specialist services which it is the duty of the Regional Hospital Boards to provide.

Deaths from Cancer, 1950 and 1951

	1950.			1951.		
	Males.	Females.	Total.	Males.	Females.	Total.
Urban Districts	51	35	86	36	30	66
Rural Districts	33	36	69	32	34	66
			—			—
Grand Total	...	...	155	Grand Total	...	132
			—			—

TUBERCULOSIS

In the following table are the figures for the notifications of, and deaths from, Tuberculosis in 1951:—

Age Periods	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	1	—	—	—	—	—	—	—
1	—	—	—	—	1	—	—	—
5	4	1	1	1	—	—	—	—
15	2	10	1	4	—	—	—	—
25	13	9	2	—	1	2	1	—
45	11	2	—	1	3	—	—	—
65	1	—	—	1	1	—	—	—
75	—	—	—	—	—	—	2	—
TOTAL	32	22	4	7	6	2	3	—
1950	24	22	7	7	15	5	4	2

In 1951, 20 Westmorland patients were admitted to the Westmorland Sanatorium, Meathop.

Six patients suffering from surgical tuberculosis of the bones or joints received in-patient treatment as follows:—

In the Oswestry Hospital	...	...	...	...	...	3
In Wrightington Hospital	...	...	...	...	...	3

TUBERCULOSIS SCHEME

Although responsibility for the treatment of tuberculosis patients passed to the Regional Hospital Board on 5th July, 1948, leaving prevention and after-care as the only responsibilities of the County Council, we were fortunate in being able to retain the services and advice of Dr. Campbell, during the change-over period, and although

his transfer to the Manchester Regional Hospital Board has now somewhat loosened his ties with the Health Department, it is indeed comforting to know that in his new capacity as Consultant Chest Physician in the Lancaster and Kendal area he will retain responsibility for the tuberculosis service in the greater part of the County. The County Council has also made financial arrangements with the Regional Hospital Board designed to secure Dr. Campbell's services for that part of the work which is still the responsibility of the Council.

The main dispensary was at the Chest Clinic, Fellside School, Kendal, where sessions were held on Mondays, 5 p.m. to 6 p.m., and Fridays, 11 a.m. to 1 p.m., and patients were also seen, by appointment, at Meathop.

Until February, 1947, all X-ray work and out-patient treatment for the County was carried out at the Westmorland Sanatorium, but since then the provision of a Solus X-ray Set at the Kendal Clinic has almost entirely relieved the Sanatorium of this work, though the exposed films from the Clinic are taken to the Sanatorium for developing, as no provision has been made for this in Kendal. Largely owing to this addition to the equipment, the attendances at the Dispensary showed a steady increase.

The Borough of Appleby and North Westmorland Rural District are included in the area of the Newcastle-upon-Tyne Regional Hospital Board, the services for Cumberland and this part of Westmorland being administered by a Special Area Committee. This Committee has also appointed a Consultant Chest Physician, Dr. W. Hugh Morton, who is responsible to the County Council for the preventive aspect of the work in his area. Extracts from Dr. Morton's report on the Tuberculosis Service in the north of the County are given on pages 37 to 47 of this Report.

Mass Miniature Radiography Survey

During the autumn of 1950 a Mass Miniature Radiography Unit visited the south of the County, being located for varying periods at Kendal, Milnthorpe, Staveley, Windermere and Kirkby Lonsdale.

A full report and analysis of the results of the Survey has now been received from the Director of the Unit, extracts from which are given below :—

“Owing to the doubtful nature of many of the chest conditions found, it is necessary to allow for a period of observation to establish a definite diagnosis, which unavoidably results in a “time-lag” between the completion of a survey and the publication of the findings.

After the initial miniature X-ray, 376 persons were recalled for a large film, of whom 6 failed to attend; 133 persons were recalled for

interview and 18 for clinical examination by the Medical Director; 12 persons were recalled for screening. Of these, 93 were referred to the Chest Clinic, and 26 to their own doctor. Of the 7,601 persons examined, 6,806 were classified as normal, and the remaining 795 consisted of persons with tuberculous abnormalities, or other conditions of the chest.

The findings in respect of the examinees with evidence of tuberculosis are:—

		Number.	Per 1,000 Examinees.
Active Respiratory Tuberculosis	...	16	2.1
Inactive Respiratory Tuberculosis	...	303	39.8

As will be seen from the foregoing statement, 16 cases of Active Tuberculosis were discovered, equal to a rate of 2.1 per thousand examined. Of these, 3 were recommended for immediate treatment or observation in a sanatorium, 11 were taken on the Clinic Register as definite cases of Pulmonary Tuberculosis, 1 was already on the Clinic Register, and 1 removed or was lost sight of. From the public health standpoint, the chief function of mass radiography, is the discovery of the infectious cases, whether directly as a result of mass radiography, or as a result of the subsequent investigations carried out by the Chest Physicians of the contacts of both active and inactive cases of Tuberculosis discovered by mass radiography. In this Survey 3 cases demonstrated positive sputums, equal to a rate of 0.39 per thousand examined.

One of the cases of Active Tuberculosis was a man whose occupation brought him into close contact with adolescents, and as in the case of all the active cases discovered, he was quite innocent of the danger he was to those in contact with him.

Complete South Westmorland Survey

During the whole South Westmorland Survey, comprising the Kendal Survey and the four smaller Surveys carried out at Staveley, Windermere, Milnthorpe, and Kirkby Lonsdale, 7,601 persons were examined, as shewn in the summary below:—

Survey No.	Location.		Males.	Females.	Total.
I	Kendal	...	3,163	2,589	5,752
I(A)	Staveley	...	77	99	176
I(B)	Windermere	...	527	422	949
I(C)	Milnthorpe	...	395	158	553
I(D)	Kirkby Lonsdale	...	91	80	171
			—	—	—
			4,253	3,348	7,601
			—	—	—

For Inactive Tuberculosis, 303 cases were discovered, equal to a rate of 39.8 per thousand examined. Of these, 8 are continuing under observation at the Chest Clinic, 5 were already on the Clinic Register as quiescent cases, 7 were given advice by the Medical Director and referred to their own doctors, 1 refused further action, 3 removed or were lost sight of, and 279 were subsequently regarded as healed Tuberculosis and no action was required.

With regard to the cases of Active Tuberculosis found, the following table gives the number of cases discovered during the Complete South Westmorland Surveys, in their age groups, together with the rate per thousand persons examined in different age groups:—

	14 years & under.	15-24 years.	25-34 years.	35-44 years.	45-59 years.	60 years & over.	Total.
No. male active cases found ..	1	3	1	2	3	—	10
Rate per thousand examined ..	4.06	3.1	0.97	2.1	3.2	—	2.35
No. female active cases found ..	1	3	—	1	1	—	6
Rate per thousand examined ..	5.2	2.37	—	1.5	1.68	—	1.79

It is noted that there was a higher percentage of Active cases in the age group 45-59 in the case of males and in the 15-24 age group in the case of females.

This agrees with the opinion of many authorities that the maximum incidence of post primary tuberculosis now occurs in men around the age 45 whilst for women it still remains around the 25 year age group.

It is interesting to note, however, that in each of the small surveys, at least one Active case was found, even though in one instance only 171 people were X-rayed.

It is perhaps a potent argument for X-raying small rural communities and for bringing the Mobile Unit to the country people rather than asking them to visit the Unit in the nearest large town.

The Unit will always try as far as possible to provide equal facilities for all people in an area to be X-rayed.

Although the primary object of a mass radiography survey is the discovery of Tuberculosis, it is only natural that during examination of a large number of people, other abnormal chest conditions will be discovered. In this survey, non-tuberculous abnormalities were found in 476 instances, but in the majority of these no action was considered necessary; a few of them however, were referred either to the Chest Clinic or to their own doctors for investigation or treatment, and were as follows:—

Chronic Bronchitis and Emphysema	...	...	...	3
Broncho-pneumonia (non-tuberculous)	...	...	...	3
Bronchiectasis	...	...	...	9
Pulmonary Fibrosis (Non-tuberculous)	...	...	...	5
Pneumokoniosis (Silicosis, Asbestosis, etc.)	...	...	...	2
Intrathoracic New Growth (Mediastinal, etc)	...	...	...	1
Cardio-vascular Lesions—acquired	...	...	...	7
Miscellaneous, consisting of:—				
Eventration of Diaphragm	...	...	...	2
Paralysis of Diaphragm	...	...	...	1
Sarcoidosis	...	...	...	1
				—
				34
				—

One man, a porter by occupation, was found to have an Aneurysm of his aorta, and was subsequently investigated at the Westmorland County Hospital. The Aneurysm ruptured suddenly soon after the condition was discovered. It was of interest to note that a man with so severe a disability could have been able to do such heavy work as is required of a porter.

School-children, aged 14 years and over, were included in the Survey, and those X-rayed consisted of males, 549, females, 431, total, 980, as detailed in the table below under their separate surveys:—

Survey.	Males.	Females.	Total.
Kendal	213	308	521
Staveley	—	1	1
Windermere	177	54	231
Milnthorpe	87	7	94
Kirkby Lonsdale	72	61	133
	—	—	—
	549	431	980
	—	—	—

Of these scholars, abnormalities were found in 45 cases. There were two cases of Active Respiratory Tuberculosis discovered, a boy during the Windermere Survey, and a girl during the Kirkby Lonsdale Survey. This is equal to a rate of 2.04 per thousand of the 980 school-children examined. Both these cases were taken on the Clinic Register as definite cases of Pulmonary Tuberculosis.

17 cases of Inactive Tuberculosis were discovered, and these were subsequently regarded as healed and no action was required.

Among the school-children, non-tuberculous abnormalities found were as follows:—

Abnormalities of bony thorax and lungs	...	...	...	19
Bronchiectasis	...	...	...	1
Pleural Thickening	...	...	...	1
Cardio-vascular Lesions, acquired	...	...	...	5
				<hr/>
				26
				<hr/>

All these cases were regarded as requiring no action, with the exception of the child with Bronchiectasis who was referred to the Chest Clinic, and one of the children with Cardio-vascular Lesions, who was referred to her own doctor.

ANNUAL REPORT FOR 1951 ON THE CHEST SERVICE (NORTH WESTMORLAND)

The new Chest Centre at the City General Hospital, Carlisle, was opened in January, 1951, and provides a complete service embracing all aspects of chest and tuberculosis work for the area covered by the East Cumberland Hospital Management Committee.

The Mass Radiography Unit allotted to the Special Area and an integral part of the modern Chest Service has been fully employed since operations commenced in April, 1951.

TUBERCULOSIS

Notifications

Whilst the notification rates generally throughout Great Britain show a welcome decline I am afraid the notification rates in North Westmorland for 1951 are still rising. This is not unexpected, largely as a result of improved methods of case finding such as full Chest Centre facilities and Mass Radiography Surveys. One anticipates that the number of notifications will rise still further within the next year or two.

Table 1 shows the number of notifications throughout Great Britain for the years 1946 to 1950.

Table 1		
Year.		No.
1946	...	61,000
1947	...	61,800
1948	...	62,600
1949	...	63,300
1950	...	59,000

Table 2 shows the number of notifications in the North Westmorland area for 1951, and the preceding 5 years.

Table 2

Year.		Pulmonary.	Non-pulmonary.
1946	...	15	6
1947	...	12	5
1948	...	16	5
1949	...	8	5
1950	...	13	5
1951	...	9	7

As stated last year, once again every effort has been made to secure that the Notification Regulations are strictly followed, and in this respect one is happy to know that our co-operation with the medical practitioners in this area is of a very high standard.

Statistics for different areas should obviously be comparable. Last year I called attention to the value of notification of cases of pleural effusion unless due to trauma or some condition other than tubercle, and at the same time deprecated any tendency to notification of a primary complex in a child or young adult, unless this was severe enough to cause gross symptoms and signs. The tendency of general practitioners to refer chest cases to us for an opinion and to leave notification until the diagnosis has been confirmed in consultation is therefore, in my opinion, a welcome step in the right direction.

The removal of patients' names from the Notification Registers has also become more of a problem. The normal practice is that a patient whose disease has been arrested for five years has his name removed from the Register at the end of this period. This is straightforward; the difficulties, however, are in those patients who remove to other areas without giving their new address, and are lost sight of completely. In cases where a patient has been notified and where the diagnosis has not been confirmed there has been no difficulty, usually in consultation with the practitioner notifying the case, in removing the name from the Notification Register.

Deaths

The number of deaths again show a decline, not only in North Westmorland but throughout the County. The appropriate figures are given in Tables 3 and 4.

Table 3

Deaths from Pulmonary Tuberculosis throughout Great Britain.

Year.	No.
1946	26,830
1947	27,640
1948	25,880
1949	23,320
1950	18,750

Table 4
Deaths from Pulmonary and Non-pulmonary Tuberculosis in
North Westmorland.

Year.		Pulmonary.	Non-pulmonary.
1946	...	3	4
1947	...	6	—
1948	...	4	2
1949	...	2	—
1950	...	4	1
1951	...	1	1

Whilst one would like to think that modern chemotherapy has been largely responsible for this fall in the death rate, it is obvious that the fall started before the general use throughout the Country of streptomycin and the other new drugs.

Complacency about the declining mortality would be quite wrong, however. The tuberculosis problem must be measured in terms of sick people. Whilst the number of notifications and deaths for one year is a definite figure, any figures for the number of people actually suffering from tuberculosis are much more involved.

Tuberculosis Statistics

Table 5 does give the actual number of cases, both pulmonary and non-pulmonary, on the Clinic Register for the North Westmorland area for 1951. It does, despite its limitations, give an indication of the size of the problem. There must still, however, be many undiagnosed cases in the area and not always minimal cases with a good prognosis. Some of the recent new cases, discovered in our Mass Radiography surveys, have had advanced disease with cavitation.

There is no doubt that many more patients are now treatable, and that the prognosis in notified cases has been remarkably improved — greater than could be expected by the reduction in the proportion of severe cases — thanks to improved case finding. This increased morbidity means in effect that better and more extensive diagnostic and treatment facilities are needed than ever before.

Fortunately there are only five patients, known to us, in North Westmorland who have had a positive sputum within the last six months of the year. When one considers that these have chronic fibrotic disease with cavitation, and are infectious, it is very satisfying to know that the numbers are so small.

Table 6 shows the number of examinations of North Westmorland patients carried out at the Chest Centre in Carlisle during 1951.

Table 6
From North
Westmorland.

(a)	No. of cases who first attended during the year...	164
(b)	No. of contacts who first attended during the year	15
(c)	Total attendances	367
(d)	No. of A.P.; E.P.; and P.P. refills given ...	134

Table 5

CASES ON DISPENSARY REGISTER (Details of year's work)

	RESPIRATORY			NON-RESPIRATORY			TOTALS			GRAND TOTAL
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Cases on Clinic Register on 1st January, 1951	10	14	—	5	7	2	15	21	2	38
	9	1	5	2	7	4	11	8	9	28
	19	15	5	7	14	6	26	29	11	66
Written off during 1951	1	2	—	—	—	—	1	2	—	3
Number on Register at the end of the year	18	13	5	7	14	6	25	27	11	63
Number of the above known to have had a positive sputum within the preceding 6 months	4	1	—	—	—	—	4	1	—	5

Contact Examinations

The examination and supervision of contacts remains as one of the chief duties of the Chest Service. Table 7 gives the details of the North Westmorland contacts examined.

Table 7

				At the Chest Centre, Carlisle.			
				M.	F.	Ch.	Total.
(a)	Total number of contacts first examined during 1951			2	2	11	15
(b)	Total number diagnosed as tuberculous			—	—	—	—

B.C.G. Vaccination

				M.	F.	Total.
(a)	Total number to the end of 1951 vaccinated with B.C.G.			—	—	—
(b)	Total number vaccinated to 1st May, 1952			4	4	8

The essentials of contact examination are X-ray examination of the Chest and Mantoux Testing of those up to the age of 15 years. I would point out the number of contacts developing evidence of active tuberculous disease is comparatively small below the age of 10 — the age of puberty — thereafter during adolescence the risk of tuberculosis increases.

It has been our practice to examine young contacts below the age of 10 at four- to six-monthly intervals. In view of the small number of cases arising in this early age group it would seem, at first sight, that we waste time examining these contacts so often. I feel, however, that this periodic examination over this early period of life makes the parents and contacts more Chest Centre conscious and tends to ensure that attendances will continue regularly over the age of puberty into adolescence.

Mantoux Testing is carried out, as a routine, on all persons under the age of 15 years at the Chest Centre in Carlisle. A vast majority of the initial and periodic X-rays are carried out by the Mass Radiography Unit from the age of 5 upwards, thus easing the burden on the Chest Centre.

Vaccination with B.C.G.

Vaccination of Mantoux negative contacts steadily continues; the vast majority of those inoculated are in the under 6 age groups. Unlike a survey of the extent of tuberculin sensitivity carried out in normal age groups under 15 as distinct from this survey limited to contacts of definite cases of tuberculosis, there is a much higher percentage of initial positive reactors.

It should be emphasised once more that the administration effort required in B.C.G. vaccination is exceedingly great. It necessitates

not only double preliminary intra-dermal tests but follow-up tests and periodic examinations over a period of years, as, unfortunately, no one knows yet the exact duration of the immunity acquired.

B.C.G. vaccination is much easier carried out on the nursing staffs in hospitals than it is in contacts who come, sometimes long distances, for their tests.

It will obviously be a long time yet before B.C.G. vaccination is made available to the general public at large. Not only is the Chest Service short of personnel, but supplies of the vaccine are limited. When these two latter conditions improve I feel that the next group of people to be offered B.C.G. vaccination should probably be National Service recruits; this would be a procedure reasonably economic in both personnel and time, and analogous to the vaccination of nursing staffs in hospitals.

I know that various physicians have advocated a much simpler routine in testing, e.g. by cutting out the six-weekly intervals between the tests, and requiring the minimum of two attendances at the Chest Centre. The Ministry, however, have not altered their Regulations, and I do not advocate any alterations, as I feel that all steps should be taken to ensure that B.C.G. vaccination does not fall into disrepute.

One must emphasise again that in tuberculosis the relationship of immunity to hypersensitivity is unknown and that the extent of immunity cannot be accurately determined by the Mantoux Test. There are also many facts regarding B.C.G. vaccination still unknown to us.¹ One of the most useful observations recently has been that the vaccine can be kept at ordinary room temperature for some weeks, and when used will still result in satisfactory hypersensitivity. Originally it was recommended that the vaccine be kept cold and used very soon after preparation.

Institutional Treatment

As before, treatment of patients is still handicapped by shortage of beds, and we are nowhere near the ideal of 350 beds for the whole of the Special Area. At the end of 1951 the beds available showed a small, but welcome, increase, as shown in Table 8.

Table 8

	No. of beds.
Meathop Sanatorium	... 20
Blencathra Sanatorium	... 100
Stannington Sanatorium	... 5
Ormside Sanatorium	... 20
Longtown Sanatorium	... 14 (now increased to 23)
Ellerbeck I.D. Hospital	... 7
City General Hospital	... 14
Cumberland Infirmary	... 10

The number of beds at both Longtown Sanatorium and Ormside Sanatorium are now the maximum possible, and no further increase can be expected at either of these two sanatoria. Full use was made of the available beds.

Tables 9 and 10 relate respectively to the number of beds occupied on the 31st December, 1951, by cases from North Westmorland, and to the total number of North Westmorland cases admitted to the various hospitals during 1951.

Table 9

		No. of beds occupied.
Blencathra Sanatorium	...	1
Ormside Sanatorium	...	—
City General Hospital	...	1
Cumberland Infirmary	...	—
Longtown Sanatorium	...	—
Ellerbeck Hospital	...	—
Meathop Sanatorium	...	1
Stannington Sanatorium	...	1

Table 10

Total number of North Westmorland patients admitted to institutions for treatment during 1951.

		No.
Blencathra Sanatorium	...	3
Longtown Sanatorium	...	1
Stannington Sanatorium	...	1
City General Hospital	...	1
Ormside Sanatorium	...	—
Meathop Sanatorium	...	—
Ellerbeck Hospital	...	—
Cumberland Infirmary	...	—

Chemotherapy with Paramisan and Streptomycin continues to play a most important roll in hospitals — but I must emphasise that this is only one form of treatment and is often complementary. A well-established artificial pneumothorax results in a higher conversion rate from sputum positive to sputum negative than any other single procedure, and there is no doubt that artificial pneumothorax together with other forms of collapse therapy, both minor and major, should be carried out on all suitable cases despite the use of chemotherapy.

There has been during the past year an increasing number of phrenic crush operations done and pneumoperitoneums induced. Whilst the conversion rates in this procedure are much lower than in artificial

pneumothorax followed by adhesion section, there is no doubt but that they are useful not only in resulting in conversion in a small proportion of cases, but in controlling the disease in the remainder, making patients fit later for major surgery, such as thoracoplasty.

Unfortunately, the waiting lists for major surgery are large, and are in fact now almost a bigger problem than the ordinary waiting lists for admission to sanatoria. At the end of 1951 our waiting list for major surgery for the whole of the Special Area, was 52 cases, whereas our sanatorium waiting list was not much larger. Patients waiting for admission to a sanatorium can be treated well at home during this preliminary waiting time, but in the case of a patient who has already had sanatorium treatment, and who is deemed suitable for major surgery, he should obviously not have to wait approximately two years, as they do at present.

During this two years wait many people frankly deteriorate to such an extent that major surgery is no longer a possibility. Again, even if the patient is still suitable at the end of this period for surgery it is essential that he should be admitted to a sanatorium bed for a final assessment for six to eight weeks before going to the Thoracic Surgery Centre. This makes a demand on our sanatorium beds which would not obtain if we had no thoracic surgery waiting list.

So far as minor collapse therapy goes, the services of a surgeon are required for adhesion section approximately four weeks after the induction of an artificial pneumothorax, and also for a phrenic crush operation, with or without the induction of a pneumoperitoneum later. The increased number of these inductions has led to a marked increase in the phrenic crush and adhesion section operations required, and I feel that the question of providing a definite Thoracic Surgery Unit in the Special Area will have to be tackled sooner or later.

Apart from streptomycin and paramisan, which are extensively used both at home and in hospital, we have just commenced to use a new drug which has recently received considerable publicity, viz.: Isonicotinic Acid Hydrazide. It is impossible to assess the results yet. It is stated that the drug results in the disappearance of pyrexia, the lowering of the erythrocyte sedimentation rate and the general increased well-being of the patient. From preliminary reports the most striking result would appear to be the comparatively large number of cases converted from positive to negative and yet still showing radiologically large ring shadows (cavities).

In tuberculosis, assessment of a new drug in treatment is notoriously difficult, and one is naturally very cautious. If, however, further results substantiate the claim for this drug that it results in sputum conversion in many cases in spite of the persistence of apparent cavities, then it will undoubtedly be very valuable. Such a claim would result in a welcome reduction of the volume of infectivity in the general community.

Environmental Conditions of the Tuberculosis Patients

During 1951 we commenced a survey of the home conditions of all patients on our Tuberculosis Registers. The results in the first 32 North Westmorland cases, whose investigations have been completed, are appended in the following tables:—

Table E1 — Housing

Housing.	No.	Style.	No.
Council house	... 6	Detached	... 12
Private enterprise	... 9	Semi-detached	... 12
Tied cottage	... 2	Part of row	... 6
Other	... 15	Back to back	... —
	—	Tenement	... —
	32	Van, Hut, Tent	... 1
	—	Other temporary house	... 1
			—
			32
			—

Tenancy.	No.
Whole house	... 28
Part of house	... —
Basement flat	... —
Other flat	... —
Basement furnished rooms	... —
Other furnished rooms	... 1
Basement unfurnished rooms	... —
Other unfurnished rooms	... —
Attic	... —
Other	... 3
	—
	32
	—

Table E2 — Sanitation

	No.
Inside	... 12
Outside	... 12
Water	... 15
Earth	... 9
Chemical	... 1
Pail	... 4
Privy	... —
Sole	... 29
Joint	... 2
Joint with other house	... —

Table E3 — Type of milk supply to the household

	No.
T.T. ...	15
Accredited ...	5
Pasteurised ...	2
Sterilised ...	—
Other ...	10
	—
	32
	—

Table E4 — Tuberculosis cases other than the original patient in the same household.

	No.
Nil ...	29
R.A. case ...	—
R.B. case negative ...	—
R.B. case positive (infectious) ...	3
	—
	32
	—

Table E5 — Sleeping accommodation

Patient has separate bed in ...	16 cases
Patient does not have separate bed in ...	16 „
	—
	32
	—

Table E6 — No. of other persons sleeping in patient's room

0.	1.	2.	3.	4.	5-9.
7	14	10	—	1	—

I would prefer not to comment on the preliminary results of this investigation until the whole has been completed.

Bronchiectasis

In bronchiectasis, as in any other non-tuberculous conditions we work in close association with the Thoracic Surgeon.

Complete investigation is possible at Carlisle; treatment consists, chiefly, in postural coughing and exercises.

In contra-distinction to tuberculosis, the waiting list for bronchiectasis cases waiting either investigation or operative treatment is negligible. As I pointed out previously there is no harm in waiting in these cases, as the time can be profitably spent in further physiotherapy.

Pulmonary Neoplasm

The number of cases of pulmonary neoplasm found in North Westmorland has again been small. Investigation is automatic in any discovered, and there has again been no delay in treatment.

Further Developments

I have already briefly mentioned the need for Thoracic Surgery beds in this area, both for minor and major work. My own opinion is that taking chest conditions all over the Special Area there is sufficient work for a full-time Thoracic Surgeon in this area.

The need for more beds for tuberculosis in the Special Area is again stressed. Even the provision of "hostel" beds for the chronic ambulant infectious case would help to ease our problem in the Special Area. At present we have a considerable proportion of our sanatorium beds occupied by such cases, and I am continuously being pressed to admit others. Whilst I fully appreciate the need for isolation in the chronic infectious case I feel that we cannot further increase the numbers of those persons in sanatorium without grossly impairing our ability to admit treatable cases.

Acknowledgements

It is a pleasure to acknowledge the valuable help received in the Chest Service from the staff of the Health Department of the Westmorland County Council, and I would especially thank the Health Visitors who have undertaken the home visiting (in many cases more than one visit) in connection with the environmental survey which we started during the year.

Finally, I would express my sincere thanks to Dr. Guy, the County Medical Officer for Westmorland, not only for his valuable co-operation in all aspects of this work, but for his ready help and advice, so freely given in many of the problems which have arisen during the year under review.

W. HUGH MORTON,
Consultant Chest Physician.

BOVINE TUBERCULOSIS

The Tuberculosis Order, 1938, is carried out by the Divisional Inspector of the Ministry of Agriculture and Fisheries, in co-operation with the County Police.

During the period 1st January to 31st December, 1951, 16 animals were slaughtered under the above Order as follows:—

Cows in Milk:—

- 6 suffered from tuberculous udder.
- 4 suffered from chronic cough.
- 3 were emaciated.

Other cows:—

- 2 suffered from tuberculous udder; and
- 2 were emaciated.

In addition to the 16 animals slaughtered, one infected animal died before slaughter could be arranged.

Compensation to owners is paid by the Ministry of Agriculture and Fisheries.

MILK SUPPLIES

The Milk and Dairies (Food and Drugs) Act, 1944, remained in abeyance from the date of its enactment until 1st October, 1949, on which date the County Council ceased to be responsible for the licensing of producers of Tuberculin Tested and Accredited Milk.

This Act and the Regulations made thereunder brought about the following position:—

The Minister of Agriculture and Fisheries is now responsible for:—

- (i) The registration and supervision of dairy farms.
- (ii) The licensing and supervision of producers of Tuberculin Tested and Accredited Milk.

The County Council is responsible for:—

The licensing and supervision of pasteurising and sterilising premises.

The County District Councils are responsible for:—

- (i) The registration and supervision of milk distributors and dairies, other than dairy farms.
- (ii) The licensing of dealers of designated milk.

The Regulations also laid down detailed requirements in the matters of cleanliness of dairies, milk containers, retail vehicles and milk handlers, as well as methods of sampling and testing milk. The powers of Medical Officers of Health to deal with the problem of milk-borne infectious diseases are also strengthened.

It is further provided that all licences to use the designation "Accredited" shall lapse on 30th September, 1954, and shall not be renewable; no new licence to use the designation "Tuberculin Tested" will be granted after 30th September, 1954, unless the herd is Attested, and after 30th September, 1957, all "Tuberculin Tested" licences still in force will apply only to attested herds.

A further stage in the campaign to secure a safe milk supply was reached with the enactment of the Milk (Special Designations) Act, 1949, which provides that in areas specified from time to time by the Minister of Food, no milk may be sold by retail unless it carries one of the special designations.

Licences to pasteurise milk have been granted in respect of one establishment in the County, and routine sampling of the treated milk is carried out by the Weights and Measures Department of the Council.

TREATMENT OF VENEREAL DISEASES

Treatment of Venereal Disease has now passed to the Regional Hospital Board. The problem of V.D. has never been a large one in Westmorland. The establishment of the Kendal Clinic has had a useful part to play. The journey to Lancaster or Barrow or Carlisle has deterred a number of patients from having regular treatment, with the result that there was an increase in the number of defaulting patients.

New cases reporting to all the Clinics have decreased during the past three years, particularly at the Kendal Clinic where the total of new patients in 1948 (from 4th June only), 1949, 1950 and 1951 have been respectively 31, 50, 35 and 19. Whether these figures represent the actual decrease in persons becoming infected cannot however be stated with certainty, as some cases are now probably treated by general practitioners.

Westmorland cases treated at the following Centres for the year ended 31st December, 1951, are as follows:—

		New Cases				Total number of cases.
CENTRE		Syphilis.	Soft Chancre.	Gonorrhoea.	Non- venereal and undiagnosed conditions.	
Carlisle	...	—	—	1	5	6
Kendal	...	4	—	7	8	19
Lancaster	...	—	—	—	2	2
		—	—	—	—	—
Total	...	4	—	8	15	27
		—	—	—	—	—

MENTAL DEFICIENCY ACTS, 1913-1938

Particulars of Cases Reported during the Year 1951

Ascertainment

	Males.	Females.	Total.
(a) Cases reported by Local Education Authority:—			
(i) As ineducable	1	3	4
(ii) As needing care and supervision after leaving school...	—	2	2
(b) Other cases found "subject to be dealt with"	—	1	1
TOTAL cases found "subject to be dealt with"	1	6	7
(c) Other cases ascertained but not "subject to be dealt with"	—	—	—
	—	—	—
TOTAL cases reported during the year	1	6	7
	—	—	—

Disposal of cases reported during the Year

	Males.	Females.	Total.
(a) Ascertained defectives found "subject to be dealt with:—			
(i) Admitted to Institutions ...	—	1	1
(ii) Placed under Statutory Supervision	1	4	5
(iii) Died or removed from area...	—	—	—
(iv) Taken to "Place of Safety"	—	1	1
(v) Action not yet taken ...	—	—	—
	—	—	—
Total ...	1	6	7
	—	—	—
(b) Cases not at present "subject to be dealt with":—			
Placed under Voluntary Supervision	—	—	—

Particulars of Mental Defectives on 31st December, 1951

			Males.	Females.	Total.
(1)	Number of Defectives found "subject to be dealt with":—				
(a)	In Institutions—				
	Under 16 years of age	...	4	7	11
	Aged 16 years and over	...	52	44	96
(b)	Under Guardianship—				
	Under 16 years of age	...	—	1	1
	Aged 16 years and over	...	1	2	3
(c)	Under Statutory Supervision—				
	Under 16 years of age	...	5	5	10
	Aged 16 years and over	...	10	14	24
(d)	Taken to "Place of Safety"				
	Under 16 years of age	...	—	—	—
	Aged 16 years and over	...	—	1	1
(e)	Action not yet taken under (a) to (d) above				
	—	—	—
TOTAL number of defectives "subject to be dealt with"			—	—	—
	...	...	72	74	146
			—	—	—

Included in (b) to (d) above are 8 cases (6 male and 2 female) who are awaiting removal to an Institution.

(2)	Number of Defectives under Voluntary Supervision:—				
			Males.	Females.	Total.
	Under 16 years of age	...	—	2	2
	Aged 16 years and over	...	12	24	36
			—	—	—
	Total	...	12	26	38
			—	—	—
TOTAL number of defectives (1) and (2) above					
	...	...	84	100	184

STATISTICAL TABLES

The following tables are a simplified version of the Annual Returns now required by the Ministry of Health:—

TABLE I
ANTE-NATAL AND POST-NATAL CLINICS

(1)	No. of clinics provided (2)	No. of sessions per month (3)	No. of women who attended (4)	No. of women in col. 4 who had not attended a clinic since previous confinement (5)	Total attendances (6)
Ante-natal	... —	—	—	—	—
Post-natal	... —	—	—	—	—

TABLE II
DOMESTIC HELPS

(a)	Number of Domestic Helps employed at 31st December, 1951:—						
	(1)	Whole-time	...	...	...	...	7
	(2)	Part-time	...	...	...	...	28
(b)	Number of cases where Help was provided:—						
	(1)	Maternity	...	...	...	...	50
	(2)	Tuberculosis	...	...	...	...	—
	(3)	Others	...	...	...	...	149

TABLE III
HOME NURSING

NO. OF HOME NURSES EMPLOYED ON 31-12-50		Equivalent of Whole- time services devoted to Home Nursing in Cols. (1) and (2). (3)	No. of Visits paid by Home Nurses during the period. (4)	No. of cases attended by Home Nurses during the period (5)
Whole-time on Home Nursing. (1)	Part-time on Home Nursing. (2)			
—	29	12.6	76,006	3,623

TABLE IV

INFANT WELFARE CENTRES

Number provided (1)	No. of sessions per month (2)	No. of children who attended (3)	No. of children who first attended and who were on first attendance:		No. of children who were at end of year:		Total No. of attendances made by children included in col. 3:	
			Under 1 year old (4)	Over 1 year old (5)	Under 1 year old (6)	Over 1 year old (7)	Under 1 year old (8)	Over 1 year old (9)
16	19	1174	319	112	367	807	2590	2638

TABLE V

HEALTH VISITING

No. of Health Visitors employed:		Equivalent of cols. 1 and 2 in terms of whole-time Health Visitors (3)	NO. OF VISITS PAID BY HEALTH VISITORS:							
			Expectant Mothers:		Children under 1 year old:		Children between 1 and 5 years old:		Other Classes:	
Whole-time on Health Visiting (1)	Part-time on Health Visiting (2)		First Visits (4)	Total Visits (5)	First Visits (6)	Total Visits (7)	First Visits (8)	Total Visits (9)	First Visits (10)	Total Visits (11)
2	34	10.2	—	—	853	9,791	241	12,347	2,147	5,992

TABLE VI

MIDWIVES' ACTS, 1902-1936—RETURN OF LOCAL SUPERVISING AUTHORITY

1. Maternity Cases Attended

(1)		No. of Maternity Cases in the Area Attended by Midwives during the Period:						
		Domiciliary Cases:			Cases in Institutions:		Total Cases:	
		As Midwives (2)	As Maternity Nurses (3)	As Midwives (4)	As Maternity Nurses (5)	As Midwives (6)	As Maternity Nurses (7)	
MIDWIVES EMPLOYED BY:								
(a) the Authority	.. ..	110	138	Nil.	Nil.	110	138	
(b) Voluntary Organisations	..	Nil.	Nil.	131	4	131	4	
(c) Hospital Management Committees		Nil.	Nil.	95	320	95	320	
Midwives in private practice	..	1	Nil.	22	85	23	85	
TOTALS	.. ..	111	138	248	409	359	547	

2. Midwives in Private Practice

(a)	Domiciliary	...	...	...	...	—
(b)	In Nursing Homes	...	...	...	...	10	
						—	10

3. Medical Aid under Section 14 (1) of the Midwives Act, 1918

No. of cases in which medical aid was summoned during the period:—

(a)	For Domiciliary cases:—						
	(i)	Where the Medical Practitioner had arranged to provide Maternity Services under the National Health Service Act, 1946	...	...	...	26	
	(ii)	Other cases	...	...	...	7	
						—	33
(b)	For cases in Institutions	...	...	...			11

4. Administration of Analgesia

(a)	Number of Midwives in practice in the area qualified to administer Analgesics:—						
	(i)	Domiciliary	...	...	...	34	
	(ii)	In Institutions	...	...	...	12	
						—	46
(b)	Number of sets of Analgesic apparatus in use by the Authority's midwives	...					31
(a)	Number of cases in which Analgesics were administered in domiciliary practice:—						
	(i)	by midwives	...	...	...	81	
	(ii)	by maternity nurses	...	...	...	89	
						—	170

TABLE VII
AMBULANCE SERVICES

(1)	No. of Vehicles at 31-12-51 (2)	Total No. of patients. (3)	Total No. of journeys. (4)	Number of emergency patients included in col. (3). (5)	Total mileage during period. (6)
Ambulances ...	7	2,927	2,101	224	77,231
Cars ...	See below*	11,534	5,783	37	219,208

NOTE:—* The Sitting-case Car Service was provided by voluntary drivers enrolled by the British Red Cross Society and by taxis; at the end of the year 64 voluntary drivers, of whom 48 are regularly used, were on the roll, and 74 taxi proprietors had agreed to provide this service.

NOTIFIABLE DISEASES, 1951

	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Pneumonia	Abortive Polio-myelitis	Acute Polio-my- elitis non-paralytic	Acute Polio-my- elitis Paralytic	Acute Polio- encephalitis	Amoebic Dysentery	Sonne Dysentery	Puerperal Pyrexia	Ophthalmia Neonatorum	Measles	Whooping Cough	Cerebro-Spinal Fever	Meningococcal Meningitis	Cerebro-Spinal Meningitis	Food Poisoning	Acute Post Infect. Encephalitis
Appleby	—	5	—	—	2	—	—	1	—	—	—	—	—	—	—	59	—	—	—	—	—	—
Kendal	—	25	—	—	27	2	1	—	1	1	—	—	21	4	—	388	29	—	1	—	39	1
Lakes	—	7	—	1	1	2	—	—	—	1	—	—	—	1	—	73	13	—	—	—	—	—
Windermere	—	1	—	—	6	1	—	—	—	4	—	—	—	—	—	131	42	—	—	—	—	—
N Westmorland	—	14	1	1	7	5	20	—	—	—	—	—	10	—	—	517	95	—	—	—	—	—
S Westmorland	—	8	1	2	11	1	4	—	1	1	—	—	5	—	—	259	92	—	—	—	—	—
Totals 1951	—	60	2	4	54	11	25	1	2	7	—	—	36	5	—	1427	271	—	1	—	39	1
Totals 1950	—	46	—	9	46	14	29	—	1	2	—	8	30	3	—	348	282	—	—	1	139	1

Notifiable Diseases (other than Tuberculosis) during the year 1951

Ages	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Pneumonia	Abortive Poliomylitis	Acute Polio-myelitis non-paralytic	Acute Polio-myelitis paralytic	Acute Polio-encephalitis	Amoebic Dysentery	Sonne Dysentery	Puerperal Pyrexia	Ophthalmia Neonatorum	Measles	Whooping Cough	Cerebro-Spinal Fever	Meningococcal Meningitis	Cerebro-Spinal Meningitis	Food Poisoning	Acute Post Infect. Encephalitis
Under 1 year ..	—	—	—	—	—	—	—	—	—	—	1	—	—	30	13	—	—	—	—	—
1 " ..	—	—	—	—	1	—	—	—	—	—	2	—	—	77	25	—	—	—	—	—
2 " ..	—	2	—	—	—	—	—	1	—	—	1	—	—	127	31	—	—	—	—	—
3 " ..	—	3	—	—	1	—	—	—	—	—	4	—	—	175	33	—	—	—	—	1
4 " ..	—	10	—	—	1	—	—	—	—	—	5	—	—	192	46	—	—	—	—	—
5 " ..	—	31	—	—	2	1	1	1	—	—	8	—	—	665	105	—	—	—	—	—
10- " ..	—	11	—	—	1	—	—	4	—	—	4	—	—	92	9	—	1	—	—	—
15- " ..	—	3	1	—	1	—	1	—	—	—	1	1	—	21	—	—	—	—	—	—
20- " ..	—	—	1	—	2	—	—	—	—	—	5	4	—	35	5	—	—	—	—	—
35- " ..	—	—	—	1	2	—	—	1	—	—	3	—	—	8	3	—	—	—	—	—
45- " ..	—	—	—	1	9	—	—	—	—	—	2	—	—	4	1	—	—	—	—	—
65 and over ..	—	—	—	2	5	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Total Cases notified ..	—	60	2	4	25	1	2	7	—	—	36	5	—	1427	271	—	1	—	*39	1
Cases admitted to Hospital	—	16	2	—	1	1	2	5	—	—	1	1	—	2	1	—	1	—	10	1
Total Deaths ..	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* Age distribution not known

